MARYLAND STATE DEPARTMENT OF HEALTH

05911

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH
COUNTY: Calvert — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Beach
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Beach
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Josephus (Middle) (Last) Brooks

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 5-6-53

9. AGE last birthday: 76 yrs. If under 1 year: Months 1 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gilbert Jones.

14. MOTHER'S MAIDEN NAME: Viola Brooks.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Viola Brooks. West Beach.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

926X

Immediate cause (a) Malnutrition and

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) neglect

(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE: A. W. Ward MD (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 6-3-53 | NAME OF CEMETERY OR CREMATORY: St Edmonds | LOCATION (City, town, or county) (State): Calvert, Md

DATE REC'D BY LOCAL REG. 6-3-53 | REGISTRAR'S SIGNATURE: A. W. Ward

24. FUNERAL DIRECTOR ADDRESS: P. E. Sewell, Prince Frederick Md.

2053161404

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 115912

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Richard (Middle) C (Last) Ellen
4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C		6-20-1878	75 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Foot Ellen
14. MOTHER'S MAIDEN NAME: Sophie Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mary A Ellen. Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X
Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 19 53, to 6/27, 19 53, that I last saw the deceased alive on 6/27, 19 53, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. (BURIAL) CREMATION, REMOVAL (Specify) | DATE THEREOF 6-29-53 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) (State) Lusby, Calvert Md

DATE REC'D BY LOCAL REGISTRAR 6-29-53
REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince Fred. Md
ADDRESS

RECEIVED
JUN 30 1953
BUREAU V. S.

05913

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert ~~Talbot~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Calvert Co Hosp
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mutual
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary A (Middle) A (Last) Gray
4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 19 53

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug, 3rd
9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME Annie Wilson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Marion Ross. Mutual, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171.1
Immediate cause (a) Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca. of cervix of uterus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 19 52, to 6/4, 19 53, that I last saw the deceased alive on 6/4, 19 53, and that death occurred at 9:35 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS St Leonard, DATE SIGNED 6/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6-7-53 | NAME OF CEMETERY OR CREMATORY Brooks Chapel | LOCATION (City, town, or county) (State) JS Island Creek, Md.

DATE REC'D BY LOCAL REG. 6-5-53 | REGISTRAR'S SIGNATURE A. W. Ward | 24. FUNERAL DIRECTOR ADDRESS P.E. Sanwell Prince Frederick, Md

RECEIVED
JUN 9 1953
BUREAU V. S.

05914

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) L (Last) Hurley
4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1953
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-24-1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: James Mackall
14. MOTHER'S MAIDEN NAME: Not Known
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Rufus Hurley Adelina, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) — Cerebral hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — Generalized sclerosis —

DUE TO

(c) Hypertension cause

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 1953, to June 9, 1953, that I last saw the deceased alive on 6/3, 1953, and that death occurred at 6:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Wettanes M.D. ADDRESS St Leonard DATE SIGNED 6/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-13-53
NAME OF CEMETERY OR CREMATORY Patuxent
LOCATION (City, town, or county) Huntingtown (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6-11-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 1953
BUREAU V. S.

05915

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dr Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Calvert COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunderland, MD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) Johnson (Last)

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1953

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: May 13, 1953
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, MD
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Clemens Johnson
14. MOTHER'S MAIDEN NAME: Florence Moore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Florence Johnson Sunderland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) —

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1953, to 6/6, 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 10:7 M, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Willard
ADDRESS St Leonard, Md
DATE SIGNED 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 6-9-53
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Sunderland Cal. (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-9-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Prince Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

T

RECEIVED
JUN 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05916

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) L. (Last) Mackall
4. DATE OF DEATH: (Month) (Day) (Year) 6 - 23 - 1903

5. SEX: F F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9-19-
9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Chester Mackall
14. MOTHER'S MAIDEN NAME: Sophie Brooks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Sophie Smith Huntingtown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X

Immediate cause (a) Nephritis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1957, to 6/23, 1953, that I last saw the deceased alive on 6/20, 1953, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) Owing ADDRESS Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-25-53 NAME OF CEMETERY OR CREMATORY Patuxent LOCATION (City, town, or county) Huntingtown (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-24-53 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05917

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2405 Valleybrook Dr Kittysville

3. NAME OF DECEASED (Type or Print): (First) Floyd (Middle) Alvin (Last) Metzker
4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Jan 25, 1934
9. AGE last birthday: 19 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: auto
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Norval Metzker
14. MOTHER'S MAIDEN NAME: Thelma Jensen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-42-9259
17. INFORMANT AND ADDRESS: Mrs Norval Metzker — 2700 Hitzeroa Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X **Immediate cause** (a) Suffocation due to Car

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) lying on him

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Car turned over on him

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 6 (Day) 6 (Year) 53 (Hour) 1:30 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Howard D Ware — 6/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 10, 1953 — NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: June 6/53 — REGISTRAR'S SIGNATURE: Grace L. Hutchins
24. FUNERAL DIRECTOR — ADDRESS: Humphreys Funeral Home Silver Spring

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05918

CERTIFICATE OF DEATH

Reg. Dist. No. 51

M C

1. PLACE OF DEATH:
COUNTY CALVERT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Fredrick
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital Prince Fredrick, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings, Md.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) (Last) Rawlings

4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: June 1, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjeman Gorman
14. MOTHER'S MAIDEN NAME: Blanche Rawlings

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Blanche Rawlings Owings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Premature — Interval Between Onset And Death 1 wk

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 6, 1953, to June 8, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE H. Willard (Degree or title) Owing Md ADDRESS DATE SIGNED 6/8/53

23. (BURIAL) CREMATION, REMOVAL (Specify) DATE THEREOF 6-9-53 NAME OF CEMETERY OR CREMATORY Mt Hope LOCATION (City, town, or county) Sunderland (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-9-53 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Pr. Frederick ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05919

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY, Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Port Republic
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE, Maryland COUNTY, Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Port Republic
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Sedwick

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Dec. 1, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months 6 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): La Plata, Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rev. John C. Sedwick

14. MOTHER'S MAIDEN NAME: Mattie ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Arthur Friend - Port Republic

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x

Immediate cause (a) Acute heart failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral thrombosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1953, to 6/26, 1953, that I last saw the deceased alive on 6/26, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS St Leonard DATE SIGNED 6/27/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE THEREOF 6/28/53.

NAME OF CEMETERY OR CREMATORY Sedwick Private Lot

LOCATION (City, town, or county) Port Republic, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/27/53

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05920

Reg. Diat. No. 52

1. PLACE OF DEATH:

County: CALVERT

City or town: Prince Frederick Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hospital

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: North Beach

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: SINCLAIR DALCY

3.(b) Social Security Number: 218-01-2317

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Rhoda Sinclair

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): April 1, 1877

8. AGE: Years: 76 Months: 3 Days: If less than one day: hrs. min.

9. Birthplace: Silchman Md. (Town, county, and state)

10. Usual occupation: Hotel Operator

11. Industry or business: Owner

FATHER — 12. Name: Bradford B. Sinclair

FATHER — 13. Birthplace: Silchman Md

MOTHER — 14. Maiden name: Mary F. Miller

MOTHER — 15. Birthplace: Silchman Md

18. Informant: Mrs. Edna S. Berridge

Address: Silchman Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 3, 1953 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Friendship A.M.E. Church Md

18. Funeral director: Wm H. Hutchins

Address: Owings Md.

19. July 2 1953 (Date rec'd by registrar) Edna L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1953, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 1951, to June 30 1953

and that I last saw him alive on June 30 1953

Immediate cause of death	DURATION
Carcinoma of Lung	18 mos.
Due to: —	
Due to: —	
Other conditions: —	
163X	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide: — Date of —

Where did injury occur? (City or town) (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Prince Frederick Md. Date signed: 7/1/53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05921

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barstow
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Frank (Last) Stafford
4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 4/19/56
9. AGE last birthday: 17 yrs. IF UNDER 1 YEAR Months 1 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Surveyor
10b. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Norman Stafford
14. MOTHER'S MAIDEN NAME: Jennette Elliott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 217323302
17. INFORMANT & ADDRESS: Frank Norman Stafford

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825X

Immediate cause (a) Broken neck and
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Base of skull
DUE TO
(c)

Interval Between Onset And Death —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Prince Frederick (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/11/53 1A m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. W. Ward D M E, Owing ADDRESS Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 13, 1953
NAME OF CEMETERY OR CREMATORY Ashwey Cemetery
LOCATION (City, town, or county) (State) Barstow Calvert Co., Md.
DATE REC'D BY LOCAL REGISTRAR 6-12-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR ADDRESS A. A. Harkness & Son Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1953
BUREAU V. S.